								App	hçapon d	ar Dok	sket Numb	.er
		PPLICATIOI Effecti	N FEE DI ve Octob			N RECOR	D	10,	1622	146	4	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LENT		OR	OTHER SMALL E	
ТО	TAL CLAIMS							E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE :	385 00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		BE		XS 9)=		OR	XS18=	1
INDEPENDENT CLAIMS				nus 3 =				10		OR	X86=	
MULTIPLE DEPENDENT CLAIM PR					1			4/	ABU	OR	+290=	
L			usa than a	esca contra	e di un m	icanore.			DI		LOTAL	
If the familiary is consistent to the familiary is consistent											LHAR	
CLAIMS AS AMENDED - PART II								d y E	NTITY -	15-3	SMALL	ENTITY
12		REMAINING AFTER		HOL PREVI	10£11	Mar dell Extern	BA	rc .	Z FIORAL FICE		RATE	ACCI TIONAL FEE
	Total	AMERDMEUT	Minus				XS	Ģ.,		OR	X\$18=	
	Independent	•	Minus				K4.	3		t OR	X865	
	, i	NTATION OF MU	JUTIPUE DE	L DENDEN	1 CLAIM					1	000	†
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							પ ્રક ા			JOR	APPR FEE	: [
		(Column 1)	ī		min 2; HEST	(Column 3)			A.D.D.I.	٦		ADDI:
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	MBER IQUSE DIFOR	PRESEUT: F-185	RA	JE.	TIONAL FEE		RATE	TIONAL FEE
	Total		Minus	**			XS	ğ:		OF	XS18=	
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4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45		OF	000	
							L	TOTAL			TOT	
		(0.1	ADDIT FEE									
11 C		(Column 1) CLAIMS REMAINING AFTER		HIC NL PRE	SHEST JMBER VIOUSLY	PRESENT EXTRA	1 [ATE	AUDI- TIONA FEE		RATE	ADDI TIONA FEE
AMENDMENT C	Total	AMENDMENT	Minus	PA	ID FOR	=	1 ×	\$ 9=	1	70	B X\$18	-
ENC	Independent	*	Minus	***		=	┨ ├	 43=	-	\dashv	V96	=
∥ _\	l	ENTATION OF N	ALII TIPLE C	DEPENDE	NT CLAIN	<u>л</u>	7 _^	u = 	 	니^	H	

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+145=

ADDIT. FEE

TOTAL

+290=

ADDIT. FEE

TOTAL